United States District Court Southern District of New York Office of the Clerk U.S. Courthouse 500 Pearl Street, New York, N.Y. 10007-1213

Date:

In Re:

-V-

Case #:

Dear Litigant,

Enclosed is a copy of the judgment entered in your case.

Your attention is directed to Rule 4(a)(1) of the Federal Rules of Appellate Procedure, which requires that if you wish to appeal the judgment in your case, you must file a notice of appeal within 30 days of the date of entry of the judgment (60 days if the United States or an officer or agency of the United States is a party).

If you wish to appeal the judgment but for any reason you are unable to file your notice of appeal within the required time, you may make a motion for an extension of time in accordance with the provision of Fed. R. App. P. 4(a)(5). That rule requires you to show "excusable neglect" or "good cause" for your failure to file your notice of appeal within the time allowed. Any such motion must first be served upon the other parties and then filed with the Pro Se Office no later than 60 days from the date of entry of the judgment (90 days if the United States or an officer or agency of the United States is a party).

The enclosed Forms 1, 2 and 3 cover some common situations, and you may choose to use one of them if appropriate to your circumstances.

The Filing fee for a notice of appeal is \$5.00 and the appellate docketing fee is \$450.00 payable to the "Clerk of the Court, USDC, SDNY" by certified check, money order or cash. No personal checks are accepted.

Ruby J. Krajick, Clerk of Cour

by:

, Deputy Clerk

United States District Court Southern District of New York Office of the Clerk U.S. Courthouse 500 Pearl Street, New York, N.Y. 10007-1213 NOTICE OF APPEAL -Vciv. Notice is hereby given that (party) hereby appeals to the United States Court of Appeals for the Second Circuit from the Judgment [describe it] entered in this action on the (month) (Signature) (Address) (City, State and Zip Code) Date: ((Telephone Number)

Note: You may use this form to take an appeal provided that it is received by the office of the Clerk of the District Court within 30 days of the date on which the judgment or an officer or agency of the United States is a party).

FORM 1					
United States Di	strict Co	urt			
Southern District	of New	York			
Office of the	: Clerk				
U.S. Court					
500 Pearl Street, New Yor	rk, N.Y. 1	.0007-1213			
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XX		,			
Pursuant to Fed. R. App. P. 4(a)(5),					_ respectfully
1 modalit w 1 od, 10. 7 pp. 1. 7 (a)(3),		(party)			
requests leave to file the within notice of appeal out of	time.				4.3
1. i to amount the independ in this nation entered or					rty) failed to file a
desires to appeal the judgment in this action entered or	<u></u>	(day)		_ out i	and to me a
notice of appeal within the required number of days be	cause:				
[Explain here the "excusable neglect" or "good cause" which	h led to yo	ur failure to f	ile a notic	e of ap	peal within the
required number of days.]					
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		(Signature)			
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		(Ad	dress)		
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		(City, Stat	e and Zip	Code)	······································
Deter	()		_		
Date:		(Telepho	ne Numbe	r)	

Note: You may use this form, together with a copy of Form 1, if you are seeking to appeal a judgment and did not file a copy of Form 1 within the required time. If you follow this procedure, these forms must be received in the office of the Clerk of the District Court no later than 60 days of the date which the judgment was entered (90 days if the United States or an officer or agency of the United States is a party).

Distract Court will receive it within the 30 days of the date on w	hich the judgment was entered (60 days if			
the United States or an officer or agency of the United States is	a party).			
FORM 3				
United States District C	Court			
Southern District of New				
Office of the Clerk				
U.S. Courthouse				
500 Pearl Street, New York, N.Y.	10007-1213			
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	AFFIRMATION OF SERVICE			
	AFFIRMATION OF BERVICE			
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X				
I,, d	eclare under penalty of perjury that I have			
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served a copy of the attached				
·				
upon				
•				
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whose address is:				
whose address is:				
Date: New York, New York				
New York, New York	·			
	(Signature)			
Companyation of the Compan	(Address)			
	(City, State and Zip Code)			
	(Only, State and Zip Code)			
FORM 4				
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APPEAL FORMS				

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Revised: May 4, 2010

U.S.D.C. S.D.N.Y. CM/BCF Support Unit

FORM 2

United States District Court Southern District of New York Office of the Clerk U.S. Courthouse

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	-V-	 M		A	OF APPEA ND XTENSIO	N OF TIME
		X	c	iv.	()
	ce is hereby given thatates Court of Appeals for the Se	(p	arty)	e indome		hereby appeals to
the Office St	[Give a de	scription of the	ne judgr	ment]		
2. In the	e event that this form was not re (party)					uired time tension of time in
accordance w	with Fed. R. App. P. 4(a)(5).					
a.	In support of this request, _				· · · · · · · · · · · · · · · · · · ·	states that
this Court's j	udgment was received on	(date)	((party) and t	hat this form	n was mailed to the
court on	(date)					
	((S	lignature)	
				(A	Address)	
			. ((City, State	and Zip Code)
Date:		()	(Telep	hone Number)	

Note: You may use this form if you are mailing your notice of appeal and are not sure the Clerk of the